2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 05, 2006 8:00 am Secretary of State DOCUMENT # P05000144488 1. Entity Name 05-05-2006 90154 019 ***150.00 THE CORNERSTONE SALES & MARKETING GROUP INC. Principal Place of Business Mailing Address 925 HARBOUR HOUSE DR. INDIAN ROCKS BEACH FL 33785 925 HARBOUR HOUSE DR. INDIAN ROCKS BEACH FL 33785 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For ralan Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZEITLER, THOMAS Street Address 925 HARBOUR HOUSE DR. **INDIAN ROCKS BEACH FL 33785** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in T the obligations of registered agent. SIGNATI (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE owner ☐ Addition NAME ZEITLER, THOMAS NAME STREET ADDRESS 925 HARBOUR HOUSE DR. STREET ADDRESS City-St-7IP CITY-ST-7/P INDIAN ROCKS BEACH FL 33785 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED